

Seattle TGA HIV Planning Council Membership Application

Name: _____

Mailing Address: _____ City: _____ ZIP _____

Home Address: _____ City: _____ ZIP _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____
☐ Preferred # ☐ Preferred # ☐ Preferred #

Email: _____ County of Residence: ☐ King ☐ Island ☐ Snohomish ☐ Other: _____

Would you be available to interview with members of the Membership/Executive Committee prior to or after a regular Council meeting – (4-6:30pm on the 2nd Monday of the month)? ☐ Yes ☐ No

Would you be available to interview prior to or after the Executive/Membership Committee meeting – (4:15-5:45pm on the 4th Monday of the month)? ☐ Yes ☐ No

If not, please circle which days of the week and times of the day would you be available for an interview:

MON AM / PM TUE AM / PM WED AM / PM THUR AM / PM FRI AM/ PM

Applications are considered based on *identified gaps in representation on the Planning Council.*

**All applicants must attend a Council meeting before their application will be considered.
Please call 206-263-2030 for Council meeting dates, times and locations.**

1. Please describe your personal and/or professional experience and expertise related to HIV disease or with the system of HIV/AIDS care services or related activities.
2. Please discuss your interest in serving on the Planning Council and what skills or perspective would you bring to the Planning Council to strengthen its effectiveness?
3. How long have you lived in the Seattle Transitional Grant Area (King, Snohomish & Island counties)?
4. What else would you like us to know about you?

I have read the two page "What Can I Expect in a Term on the Planning Council." I am willing to commit the time and effort required of Planning Council Members should I be selected for service.

Signature: _____ Date: _____

Please check the slots you fill, and include additional information as indicated

| | |
|---|---|
| ✓ | Mandated Representational Slot Please check to the left if you fill this representational category |
| | Person Living with HIV who is “unaligned” <input type="checkbox"/> I receive services related to my HIV (for information, call Council staff, below) <input type="checkbox"/> I do not work and am not a paid consultant a Ryan White Part A funded agency <input type="checkbox"/> I am not on the board of directors of an agency that receives Ryan White Part A funding |
| | Medical provider to PLWH Number of PLWH on my current caseload: _____ Name of clinic or practice _____ |
| | Direct service provider in an AIDS Services Organization Name of agency: _____ |
| | Housing/homeless services provider Name of agency: _____ |
| | Mental health services provider |
| | Substance use treatment provider |
| | Local public health |
| | Non-elected community leader |
| | Hospital/Health planner: Name of hospital: _____ |
| | Ryan White Part B Grantee (State DOH) |
| | Ryan White Part C Grantee <input type="checkbox"/> Harborview Madison Clinic <input type="checkbox"/> Country Doctor Community Clinic |
| | Ryan White Part D Sub-Grantee, or provider to women, infants, children and youth with HIV Name of agency: _____ |
| | State Medicaid Agency Representative |
| | Other Federal HIV Funding (AETC, SPNS, HOPWA, etc.) |
| | Recently Incarcerated (in last 3 years) PLWH/A or their representative |
| | Prevention Provider |

If you have questions about any of these, please contact Planning Council staff at 206-263-2028 or 206-263-2030.

1. In addition to these slots, the Council must be representative of the diversity of those with HIV disease in King, Snohomish and Island counties in terms of gender, race, ethnicity, place of birth and sexual orientation. Additionally, one third or more of members must be HIV+ unaligned consumers. The information below is needed to help meet this requirement.

GENDER: ☐Female ☐Male ☐Other: _____

Is this the gender that was assigned to you at birth? ☐Yes ☐No

RACE: ☐ Black ☐ White ☐Asian/Pacific
Islander ☐Native American/
Alaskan Native
☐Other (Please list) _____

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic

PLACE OF BIRTH ☐ United States ☐Other (Please list) _____

SEXUAL ORIENTATION ☐Bisexual ☐ Gay/Lesbian ☐Heterosexual

HIV STATUS ☐ HIV+ ☐HIV- ☐Status Unknown

Completed applications can be returned by:

***Mail:* Seattle TGA HIV Planning Council
401 5th Ave., Suite 1152
Seattle, WA 98104**

***Or email:* jesse.chipps@kingcounty.gov**

If you do not have access to scan and email your signed application, just type your name on the signature line and email the electronic copy.

Application Process:

1. Attend one of the monthly Council meetings, held on the 2nd Monday of the month from 4:00pm to 6:30pm—you can do this right away, no need to wait to hear from us. For details on meetings call 206-263-2030.
2. Give the names and email addresses of three references (service providers are great for consumer candidates, family members should not be used), who can speak to your ability to work in a group and/or work with conflict.
3. This application will be reviewed by the Membership Committee to determine if you meet a current gap in Council membership.
4. Interview with the Membership Committee.
5. Vote to nominate by the Council at a regular meeting which you would attend.
6. Appointment by the King County Executive.

Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, the other information such as HIV status, address, email and phone number will be redacted.